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Atty Docket No. 025911-000600US

PTO FAX NO.: (703) 872-9306

ATTENTION: Group Art Unit 1614

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

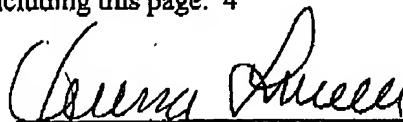
I hereby certify that the following documents in re Application of Timothy Dinan, et al., Application No. 10/797,146, filed March 11, 2004 for COMPOSITIONS AND METHODS FOR THE TREATMENT OF DEPRESSION AND OTHER AFFECTIVE DISORDERS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page);
2. Statement Under 37 CFR 3.73(b) (1 page); and
3. Revocation of Power of Attorney With New Power of Attorney And Change of Correspondence Address (1 page).

Number of pages being transmitted, including this page: 4

Dated: May 18, 2005



Aurora Lowell, Assistant to
Milan M. Vinnola, Reg. No. 45,979

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RETURN FACSIMILE AT (303) 571-4321**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
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60492932 v1

PTO/SB/88 (09-04)

Attorney Docket No. 025911-000600US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Timothy Dinan, et al.Application No./Patent No.: 10/797,146Filed/Issue Date: March 11, 2004Entitled: **COMPOSITIONS AND METHODS FOR THE TREATMENT OF DEPRESSION AND OTHER AFFECTIVE DISORDERS**NeuroCure Ltd.

(Name of Assignee)

a Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016025, Frame 0517, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
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Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Milan M. Vinnola
Signature

May 18, 2005

Date

Milan M. Vinnola

Printed or Typed Name

(303) 571-4000

Telephone Number

Attorney of Record

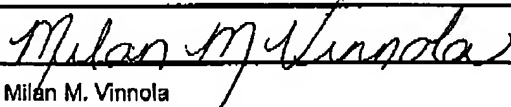
Title

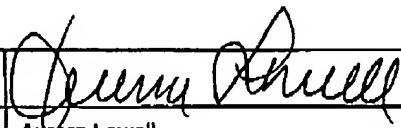
60495055 v1

MAY 18 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/797,148	
	Filing Date	March 11, 2004	
	First Named Inventor	Dinan, Timothy	
	Art Unit	1614	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	1	Attorney Docket Number	025911-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Power of Attorney, New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Milan M. Vinnola	
Date	May 18, 2005	Reg. No. 45,979

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on May 16, 2005.			
Signature			
Typed or printed name	Aurora Lowell	Date	May 18, 2005

60492852 v1

PTO/SB/82 (09-04)

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number		10/797,146	
		Filing Date		03/11/04	
		First Named Inventor		Timothy Dinan	
		Art Unit		1614	
		Examiner Name		Not Yet Assigned	
		Attorney Docket Number		025911-000600US	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **20350**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **20350**

OR

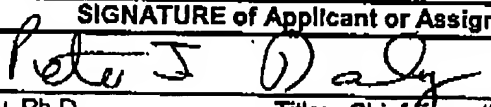
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Peter Daly, Ph.D.		Title: Chief Executive Officer		
Date	10 May 2005		Telephone	011-3531-213-0732	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms are submitted.

60485068 v1